

Research Results Applicable to Health Planning Identified in New NCHSR Publication

■ Two hundred and thirty health services research methods and techniques of particular interest to comprehensive health planners are identified in a new two-volume reference manual, available from the National Center for Health Services Research. The research products—the results of NCHSR-supported projects—are keyed to the eight general functions of the Comprehensive Health Planning Agencies (CHPAs). The manual was prepared in cooperation with the Bureau of Health Planning and Resources Development, Health Services Administration.

Each of the eight chapters in volume I (Descriptive Text and Indexes) corresponds to one of the eight major functions of a Comprehensive Health Planning Agency. In each chapter there is a discussion of the research products relevant to the elements of the health planner and a guide to the relevant research reports as a group. Volume I also contains four indexes to the research product statements—by

author, principal investigator, subject, and CHPA functions and elements.

Volume II (Statements), Parts A and B, contains a summary and review statement for each of the 230 research products. Each statement provides identifying information, purpose of the document, an abstract, topics covered by the document that might be of interest to a CHPA, the CHPA functions and elements to which the document is relevant, and an assessment of the document's usefulness to a CHPA.

Manual of NCHSR-Sponsored Research Products Applicable to Comprehensive Health Planning (2 vols.). Single copies may be obtained from the National Center for Health Services Research, Rm. 8-22, 3700 East-West Hwy., Hyattsville, Md. 20782 (telephone 301/436-8904). Publications may also be ordered by PB number from National Technical Information Service (telephone 703/557-4650); vol. I, PB 273 352; vol. II, Parts A and B, PB 273 353; the set, PB 273 351.

Medical-Osteopathic Students' Choice of Career Influenced by Preceptorships

■ A study supported by the Bureau of Health Manpower, Health Resources Administration, indicates that participation in a preceptorship is one of several factors that appears to exert a significant influence on medical and osteopathic students in the selection of a specialty and practice location. Other influential factors are place of rearing, sex, race, source of financial support, and medical or osteopathic school location.

The Bureau awarded about \$28 million over the fiscal years 1972-77 to medical and osteopathic schools for support of preceptorship training. Approximately, 5,000 students experi-

enced preceptorships in federally supported programs during those years.

In the study, a preceptorship program was defined as one in which a student spends at least 2 continuous weeks under the supervision of a physician who practices primary care outside the academic medical center.

An Assessment of the Influence of a Preceptorship Experience and Other Factors on the Education and Career Choices of Physicians. Copies available from Anna Barish, Project Officer, Division of Medicine, Bureau of Health Manpower, 3700 East-West Hwy., Hyattsville, Md. 20783.

New BHM Films Designed to Help in Staging Courses in Advanced Cardiac Life Support

■ A motion picture designed to help health professionals stage courses in advanced cardiac life support (ACLS) has been produced by two units of the Public Health Service. The 30-minute color film, "Staging the Advanced Cardiac Life Support Providers' Course," was produced in cooperation with the American Heart Association as an adjunct to the instructors' manual published by AHA. It is required viewing for health professionals who intend to conduct the ACLS course sanctioned by AHA. About 1,500 physicians, nurses, and paramedics took the ACLS course in 1977. Some hospitals require physicians and nurses to pass the course as a condition for employment in emergency departments, and many States have the same requirement for advanced emergency medical technicians.

The film was produced by the National Medical Audiovisual Center (part of the National Library of Medicine) in collaboration with the Learning Resources Branch (part of the Bureau of Health Manpower), both based in Atlanta, Ga. The film or a videotape may be borrowed without charge for up to 2 weeks. Requests to borrow the 16-mm film (release M-3772) or ¾-inch color videocassette (release V-3772) should be sent to National Medical Audiovisual Center (Annex), Station K, Atlanta, Ga. 30324.

The 16-mm film (release No. 010642) can be purchased for \$174, and the ¾-inch videocassette (release No. 010643) for \$48, from the National Audiovisual Center, General Services Administration, Washington, D.C. 20409. Attn: Order Section. Make checks payable to the National Archives Trust Fund (NAC).

Grants for Pediatric Training and Outpatient Dental Services

■ The Robert Wood Johnson Foundation of Princeton, N.J., is funding a \$7.2 million grant program to assist up to six academic medical centers develop pediatric training and research programs that more closely encompass the problems of children seen in the day-to-day practice of general pediatrics. It is also funding a \$10 million grant program to help up to 25 teaching hospitals expand outpatient dental services for people who currently lack adequate access to dental care.

Pediatric Program

In announcing the pediatric program, Dr. David E. Rogers, president of the foundation, noted that most pediatricians are trained in large teaching hospitals where the emphasis is on the care of hospitalized children who have relatively rare, medically severe conditions requiring the expertise of the various pediatric subspecialists. The pediatric program that the foundation is funding was designed with the advice of academic and practicing pediatricians, Rogers said. It is therefore hoped that the program will help selected pediatrics departments develop practice settings where faculty, students, and residents can see children with problems similar to those most pediatricians must care for once they complete medical training. These settings also will offer opportunities for clinical research relevant to general pediatrics.

Invitations to apply for grants under the new program have been sent to pediatrics departments of the country's 126 medical schools. Up to six departments will receive 4-year grants and will be eligible for an additional 2 years' assistance. The program is focused on larger departments of pediatrics that have a full range of subspecialty programs and have made substantial commitments of their existing resources to patient care, research and training in general, and out-of-hospital pediatrics.

Dental Outpatient Services

Under the \$10 million dental outpatient services grant program, more than

150 hospitals with such services have been invited to apply for grants of up to \$500,000 each. The program is designed to demonstrate that hospitals with existing training programs for graduate dentists can help meet the dental outpatient need by expanding their services to include (a) basic dental care to patients without a regular source of care (particularly those who currently use the hospital as their source of general medical care), (b) preventive dental and dental education services (particularly for children), and (c) 24-hour dental emergency services with on-duty dentists.

Dr. Robert J. Haggerty, Roger Lee Irving Professor of Public Health at the Harvard School of Public Health and a senior program consultant of the foundation, is directing the program for the pediatric grants. A national advisory committee chaired by Dr. Mary Ellen Avery, physician-in-chief of the Department of Medicine, Children's Hospital Medical Center,

Boston, will assist in the review and evaluation of applications. The committee will be responsible for making recommendations to the foundation for the grants.

The advisory committee for the dental program, which is chaired by Dr. Charles Barr, director of dentistry and associate director of academic affairs at Beth Israel Hospital, New York City, includes representatives from medicine, hospital administration, and the academic and private practice sectors of dentistry. The committee will participate in the review and evaluation of applications, and in the fall of 1978 will begin to recommend hospitals for funding. The program is administered for the foundation by Virginia Commonwealth University and is directed by Dr. John J. Salley, associate vice president for research and graduate affairs at Virginia Commonwealth University and former dean of dentistry at the University of Maryland.

Need-Based Versus Demand-Based Forecasting of Physician Requirements

■ Physician Requirements Forecasting: Need-Based Versus Demand-Based Methodologies has recently been issued by the Bureau of Health Manpower, Health Resources Administration. According to this publication, "the two distinct requirements approaches can provide complementary data on which to base policy formation. . . . The demand-based forecasts are a guide to where we are likely to be in 1990, but are rooted in a history of service delivery biased toward acute, specialized care and against chronic or preventive care. The need-based forecasts are a guide to where we would prefer to be, but may not be able to achieve. The difference, the 'need-demand gap,' measures how much effort we must exert to remove information, resource and access barriers."

The 28-page publication is No. 3 in a series of staff papers prepared for the Graduate Medical Education National Advisory Committee. Copies (DHEW Publication (HRA) 78-12) may be obtained from the Executive Secretariat, BHM, 3700 East-West Highway, Hyattsville, Md. 20782.

Task Force Will Examine Graduate Medical Education

■ The Association of American Medical Colleges has undertaken a major project in graduate (post-MD) medical education.

John A. D. Cooper, MD, PhD, president of the Washington-based organization, said that five major areas of concern will be examined by special working groups to be named to a task force. One group will focus particularly on whether graduate medical education is of optimal quality and will seek to identify intrainstitutional problems whose resolution could improve the educational experience in the residency years. A second group will study the problems arising at the transition between undergraduate and graduate medical education. Issues surrounding national policy formation and the accreditation process will be explored by a third group. Other groups will deal with financing and with specialty distribution.

Support for this 2-year undertaking, which involves more than 50 leaders in medical education, is provided by the Educational Foundation of America, the Henry J. Kaiser Family Foundation, and the W. K. Kellogg Foundation.

New Computer System to Aid Internists in Diagnosis

■ Sitting in front of a small computer terminal, a family physician in a remote Pennsylvania town provides information to a central computer in Pittsburgh based on a history and physical examination he has just obtained on a patient. The computer digests the information and begins asking the physician questions about the patient. In the course of doing so, the computer will indicate to the physician what diagnoses it is considering and how the answers to the questions will help in reaching a final decision. After several minutes, the computer provides its diagnosis for the physician.

Within 5 years, Dr. Jack Myers and Dr. Harry Pople, two professors at the University of Pittsburgh, hope to have a computerized medical diagnostic system in the working clinical environment that can make such contributions to diagnosis possible. The system that they are developing is called INTERNIST because it deals only with diseases pertaining to internal medicine. This system currently includes approximately 575 diseases and 5,000 manifestations. The system's development

has been made possible by highly sophisticated technological equipment funded by the Biotechnology Resources Program, Division of Research Resources, National Institutes of Health.

For each disease entity, an associated list of manifestations known to occur in that disease has been recorded, along with an estimate on a scale of 1 (rare) to 5 (essentially always) of the frequency of occurrence. The inverse of this relation also is recorded explicitly in the knowledge base; thus each manifestation is associated with a list of diseases in which the manifestation is known to occur with a weighting factor on a 0 to 5 scale intended to reflect the strength of the association.

The INTERNIST uses a hierarchy of disease categories, organized primarily around the concept of organ systems. Examples of categories at the top level are heart disease, lung disease, and liver disease. Each of these areas is divided into more specific categories, which may be further divided until they reach the final level made up of specific disease entities.

The task of INTERNIST, according to Myers, is to formulate and advise on problems, not solve them. "INTERNIST is really a simulation of the mental processes of a physician in analyzing a complex case," Pople says. "It generates and tests hypotheses, much as a clinician would formulate a model as a basis for clinical problem solving."

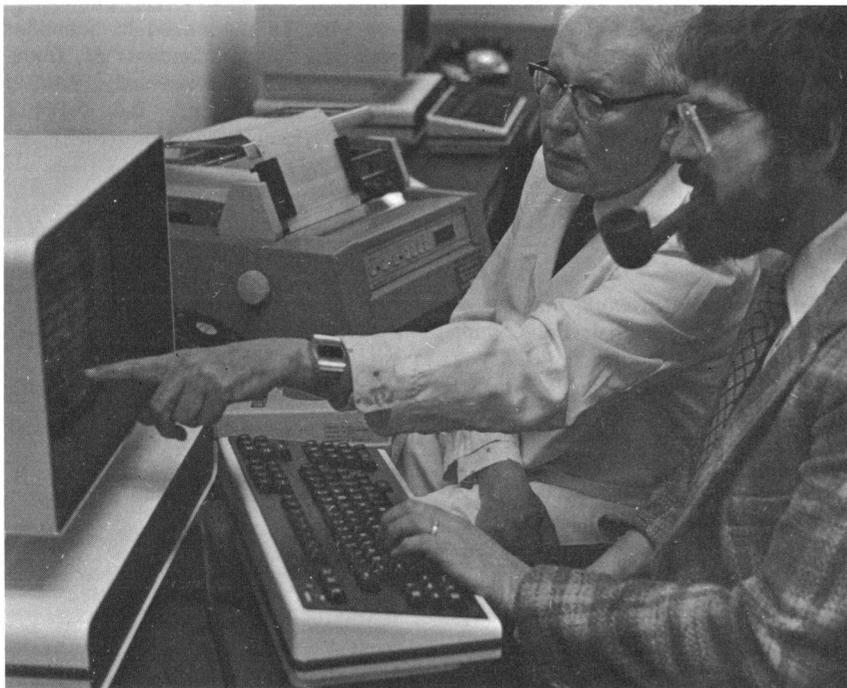
The computer informs the physician what data it is disregarding for the time being and on what it intends to focus. It questions the physician about other observations and laboratory tests, retiring occasionally to briefly "reflect" on the additional information.

Each time it returns, the computer lets the physician know what leading diagnostic contenders it is considering. Eventually, it will inform the physician either that the considered disease has been confirmed or that it is now considering a new hypothesis.

"One of the most important things we've taught the machine is to deal with the least costly things first," Myers said. Cost "not only means dollars expended for laboratory use by the patient, but cost also defined as physical pain and danger to the patient."

He added that "Students, house officers, and mature physicians have already found the data to be a useful organization of medical knowledge for clinical purposes. The 'textbook' is large even in its incomplete state, but is easy to use once one gets the hang of it. The system when complete and carefully validated will have application not only to the practical diagnosis of complicated and complex clinical problems, but can be used effectively for teaching and testing, and perhaps even for chart review."

The INTERNIST system utilizes the large SUMEX-AIM computer facility of Stanford University, Stanford, Calif., another project funded by the Division of Research Resources. The SUMEX system has been developed to provide a national shared computer facility for medical research, concentrating on the application of artificial intelligence to medicine. The Bureau of Health Manpower, Health Resources Administration, helped fund the development of INTERNIST.



Dr. Jack Myers (left) and Dr. Harry Pople of the University of Pittsburgh discuss a video information display resulting from a hypothetical medical problem posted to their INTERNIST computer diagnostic system. Using sophisticated technological equipment, INTERNIST can help physicians diagnose disease

Call for Abstracts Issued for Fifth National Conference on High Blood Pressure Control

■ The National Conference on High Blood Pressure Control is seeking papers for its fifth national conference, to be held in Washington, D.C., April 4-6, 1979. The conference theme is "Evolving Approaches to High Blood Pressure Control."

Papers are sought that address problems and approaches to the detection and treatment of hypertension and the long-term management of the hypertensive patient. Papers should describe research related to clinical practice, innovative treatment programs, provider and patient compliance, community and primary care programs, economics, and the psychological and social aspects of hypertension. Evaluations of the roles of various health care providers and organizations and the hypertensive care of minorities, employees, the elderly, children, and the family are also encouraged.

Abstracts must be postmarked by October 25, 1978. To receive the abstract preparation package, which will define specific subject areas for papers and guidelines for submitting abstracts, write Ms. Julie D. Knowles, Abstract Coordinator, Conference Headquarters, National Conference on High Blood Pressure Control, 1501 Wilson Blvd., Arlington, Va., 22209, or call (703) 527-4500.

Film Encourages Mothers to Consider Breastfeeding

■ "Breastfeeding: A Special Closeness" is a motivational film, designed to encourage women to consider nursing their babies. It was made by three young film makers who decided to meet the challenge posed by a Georgetown University Hospital (Washington, D.C.) study showing that women who decide against breastfeeding usually do so because of real or imagined obstacles. The film is structured around the normal daily events in the lives of four families: a white teenage couple, a Spanish-speaking family, a white middle-class family, and a black family. People in the film express many of the reasons that women generally give for being unwilling or unable to breastfeed their

NIAMD Publishes Report Called "Diabetes Data"

■ The need for accurate demographic and epidemiologic data on diabetes has become essential because of the broad scope and impact of this public health problem. In 1977, this disorder cost the nation approximately \$6 billion in lost productivity and medical expenses—an average of \$1,124 per patient—even without considering the cost of complications.

In response to this need for data, the National Diabetes Data Group of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) has published a compilation of facts on diabetes ranging from clinical information to the disease's socioeconomic impact. Also included in the statistical scope of the publication are prevalence and incidence data, the morbidity of long-term and short-term complications, and diabetes mortality.

Three major factors provided the impetus for compilation of the publication: the development of new information and new concepts about diabetes over the past decade; the extensive updating, assembly, and discussion of data by the National Commission on Diabetes; and the need for a current collection of diabetes statistics for program planning by health agencies. The publication provides a central source of this information for clinicians and allied health professionals, scientific investigators, service program coordinators, and for all who

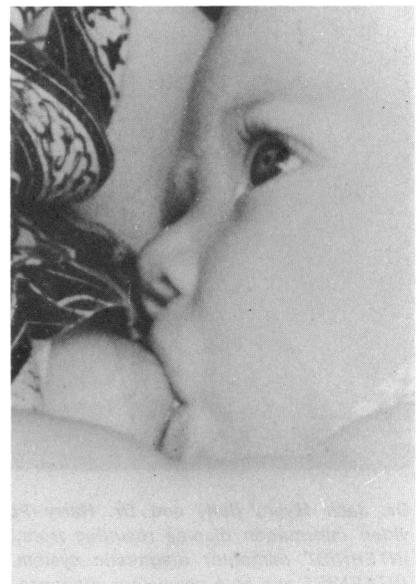
are concerned with the public health aspects of diabetes. It was prepared by the National Commission on Diabetes in collaboration with NIAMDD, the National Center for Health Statistics, and the American Diabetes Association. NIAMDD is the focal point for the Federal Government's research programs for diabetes.

The National Diabetes Data Group, established within NIAMDD's Diabetes, Endocrine, and Metabolic Disease Program, directed the publication of "Diabetes Data." In accordance with the commission's recommendation, this group was instituted to meet the need for a systematic approach to the design, collection, analysis, documentation, and dissemination of data that will support a public health policy on diabetes and to provide a basis for evaluating the commission's long-range plan to combat diabetes. The publication represents the group's initial effort to present current statistical information in this important disease area.

Single copies of Diabetes are available from the National Institute of Arthritis, Metabolism, and Digestive Diseases, Bldg. 31, Room 9A-04, Bethesda, Md. 20014. The publication may also be purchased in quantities from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (DHEW Publication No. (NIH) 78-1468).

babies—the need to work, the fear of being tied down to their baby, their husbands' attitudes, and modesty. The film seeks to counter these worries with positive reinforcement from breastfeeding mothers, who tell in their own words why they have found the nursing of their babies to be a rewarding, enjoyable experience.

The film, 16-mm, color, 22 minutes, is available from Motion, Inc., 4437 Klingle St., NW., Washington, D.C. 20016. A comprehensive teaching guide accompanies this film. The purchase price is \$285; 3-day rental \$40. Preview prints available free of charge. The film is also available in video cassette.



Florida and Michigan Selected for Pilot Projects to Further 4-H Health Education

■ Florida and Michigan have been selected as the sites for further development of 4-H health education and for the design of practical program models that can be replicated nationwide. The pilot projects, supported by a grant from the Robert Wood Johnson Foundation to the National 4-H Council, are part of a 2-year comprehensive effort to expand the health emphasis in the 4-H program.

The University of Florida, Gainesville, has received a \$60,000 grant to develop and test a Health Risk Profile model for 4-H youth 12 to 18 years old. This model will be used to help young people clarify their own values about health, identify health practices they would like to alter, promote lifestyles conducive to health, reduce the incidence of premature death and disability from cardiovascular disease, and provide counseling and health education classes to meet the needs of selected youth. Four primarily rural counties, Putnam, Suwannee, Alachua, and Columbia, have been selected as the target sites because of their high incidence of cardiovascular disease and the poor access of residents to health care. Linda E. Moody, of the university's Cooperative Extension Service, is project coordinator.

The 4-H program of the Cooperative Extension Service of Michigan State University has been awarded a \$60,000 grant to design several health education dissemination models. Their major objectives will be to more fully involve 4-H members, as well as youth from other youth-serving agencies and public and private schools, in a system that provides intensive learning experience in self-help skills, human growth and development, patterns of living, and community health. The emphasis will be on integrating health education into other 4-H project areas. Six counties that reflect rural, small town, suburban, and urban localities have been identified as test sites. Coordinators are Donna Manczak, health education specialist of the Cooperative Extension Service, and Leah B. Hooper, program leader, 4-H youth, Michigan State University.

FDA Affords Quality Assurance to Promote Generic Drug Use

■ The Food and Drug Administration and the State of New York have signed an agreement designed to encourage greater use of generic drugs and thus cut the costs of medicine bought by the State for use in its hospitals and outpatient medical facilities.

The aim of the agreement is to permit all drug companies that meet FDA quality standards to compete on an equal basis for the State's business. The assurance from FDA will give State contracting officials the extra confidence they need to buy drugs from the lowest qualified bidder. Generic drugs often are made by small companies, and State contracting officials sometimes are reluctant to buy drugs from firms unfamiliar to them, even if the firm is the low bidder.

Under the agreement, each time New York State is awarding a contract to buy drugs, FDA will be asked to give specific assurances that the low bidder meets all FDA standards (for example, that the firm's processing complies with all FDA regulations,

there have been no recent recalls or manufacturing problems, and so on). In each case, FDA will review its inspecting records and if necessary, inspect the low-bidding firms before advising New York.

FDA now provides similar quality assurance to drug buyers in the Defense Department, Veterans Administration, and other Federal Agencies. The New York program is the first of its type between a State and FDA. If it proves successful in reducing drug costs to New York, FDA expects to be asked for similar assistance by other States.

The Food and Drug Administration estimates that it will receive 250 requests a year from New York involving about 100 firms. The State buys about \$18 million worth of drugs a year. In return for the assistance, New York will help in FDA's surveillance efforts by providing the Agency with any complaints it has about the performance of the drugs it buys.

FY 1976 Inventory of Programs and Expenditures of State and Territorial Health Agencies

■ Two recent reports published by the Association of State and Territorial Health Officials provide information on the services and expenditures of State health agencies (SHAs) for fiscal year 1976. These reports are based on data collected by the National Public Health Program Reporting System (NPHPRS).

The NPHPRS provides comprehensive and uniform national data on the public health programs of State and Territorial health agencies. Its central costs have been supported by a contract with the Public Health Service; State and Territorial health agencies have contributed staff liaison, reporting services, and consultation on a voluntary, cooperative basis.

The first publication includes complete listings of the programs and program expenditures of each SHA and provides a national summary of the overall expenditures and major sources of funds for public health programs.

The second publication presents information about the expenditures, sources of funds, and services provided through the nation's official State health agencies. The information is intended to be helpful in planning, evaluation, budgetary, and legislative functions at the national level.

Inventory of Programs and Expenditures of State and Territorial Health Agencies, Fiscal Year 1976. ASTHO-NPHPRS Publication No. 38. Comprehensive NPHRS Report. Services, Expenditures and Programs of State and Territorial Health Agencies, Fiscal Year 1976, ASTHO-NPHPRS Publication No. 39. Single copies of these reports are available from Ronald E. Whorton, Project Director, 962 Wayne Ave., Suite 403, Silver Spring, Md. 20910.

Seminar on Process Design in Water Quality Engineering

■ The Environmental and Water Resources Engineering Program and the Center for Environmental Quality Management of Vanderbilt University are sponsoring a seminar on Process Design in Water Quality Engineering in Nashville, Tenn., December 11-15, 1978.

The seminar's objective is to present the most up-to-date procedures to apply in the design of unit operations and processes currently used in waste treatment schemes and, moreover, to present these procedures in sufficient detail that engineers attending the seminar can immediately put them into practice in the production or review of actual design.

For further information, contact Prof. W. W. Eckenfelder, Jr., Vanderbilt University, Box 6222, Station B, Nashville, Tenn. 37235.

federal register briefs

Federal Register Briefs is a new feature that will appear in each issue of Public Health Reports. We are publishing this chronology of Federal actions to help inform readers of changes and important developments in the field of health. We invite your suggestions and comments. The Editor.

May 12, 1978, Vol. 43, No. 93, pp. 20726-20757

Tentative regulation setting requirements for the conduct of medical devices investigations involving human subjects. This tentative final regulation covers the conduct of investigations of medical devices involving human subjects, including procedures for the submission of applications for an investigational device exemption, a description of the responsibilities of sponsors of investigations, and requirements for obtaining informed consent from human subjects. The Medical Device Amendments of 1976 require the Food and Drug Administration to prescribe, by regulation, the procedures and conditions under which medical devices intended for human use might be exempted from certain requirements of the Federal Food, Drug, and Cosmetic Act to permit investigational studies concerning safety and effectiveness.

May 12, 1978, Vol. 43, No. 93, p. 20516
Changes in the method or levels of re-

imbursement for health care services. This proposed regulation would require State Medicaid agencies to give 60 days' public notice of any proposed change in the method or level of reimbursement for services provided under the Medicaid program before such changes can become effective. This 60-day period would allow the Federal Government, in cooperation with the States and the public, to evaluate the justification for the changes.

May 23, 1978, Vol. 43, No. 100, pp. 22080-22083

Mental health projects for Indochinese refugees. Awards of grants, fiscal year 1978, are proposed to enable public and private nonprofit entities to operate mental health projects to assist Indochinese refugees in resettling in the United States. The Indochinese refugees, having undergone the traumas of emergency evacuation from their homelands and relocation in an alien culture, have suffered considerable stress. The existing mental health services delivery in most localities is not able to respond to the problems of the refugee community.

May 26, 1978, Vol. 43, No. 103, pp. 22858-22861

Governing body requirements for health systems agencies. This notice proposes to make more explicit the regulations regarding the composition of governing

Insurance Regulations Affecting Prepaid Dental Care Plans Examined in HRA Publication

■ The regulation of carriers of prepaid dental care plans in the 50 States and the District of Columbia is examined in a new publication of the Division of Dentistry, Health Resources Administration. The objectives of the study were to determine which types of carriers may offer prepaid dental care plans and which type of organizations a group practice would be able to use to offer a prepaid plan; analyze and describe State insurance department regulations; examine the possibility of consumer sponsorship of a dental group plan; and describe the possible effects of State insurance department regulations on prepaid plans.

Insurance Regulations Affecting Prepaid Dental Care Plans: A State-by-State Analysis. Single copies of the 217-page publication, DHEW Publication (HRA) 78-8, may be obtained from the Division of Dentistry, Bureau of Health Manpower, 3700 East-West Hwy., Hyattsville, Md. 20782.

bodies and executive and other committees of health systems agencies and the methods of selection of members to these bodies. It would provide greater assurance of a "broadly representative" consumer majority.

June 7, 1978, Vol. 43, No. 110, p. 24715
Administration of medical assistance programs and Federal health insurance for the aged and disabled—utilization review. The Department of HEW has determined that the most recent proposed regulations for utilization review for hospitals participating in the Medicare and Medicaid programs are inconsistent with statutory requirements. This notice withdraws proposed regulations published on March 30, 1976, that would have revised utilization review procedures for hospital participation in Medicare and Medicaid programs. New proposed regulations will be published in the next several months. The final regulations published on November 29, 1974 (39 FR 41604), as amended by the notice of September 10, 1975 (40 FR 42006), continue in effect.

June 7, 1978, Vol. 43, No. 110, p. 24698
Child protection packaging standards for economic poisons. The Consumer Product Safety Commission has announced the withdrawal of a proposed rule to require child-resistant packaging for household substances that are economic poisons (pesticides), since the Commission no longer has authority to require child-resistant packaging for pesticides. The Environmental Protection Agency, which now has that authority, proposed its regulation on October 14, 1977.

June 8, 1978, Vol. 43, No. 111, pp. 24988-24994
Suspension of physicians and other individual practitioners from participating in Medicare and Medicaid program. This proposal would establish policies under which any physician or other individual practitioner who has been convicted on or after October 25, 1977, of a criminal offense related to his or her involvement in the Medicare and Medicaid program would be suspended from participation in both programs. It would prohibit reimbursement for services provided during suspension. The proposal would implement section 7 of the Medicare-Medicaid Fraud and Abuse Amendments. The purpose is to prevent fraud and abuse in the two health care programs.

June 15, 1978, Vol. 43, No. 116, pp. 25869-25873
Proposed schedule of limits on hospital costs for cost-reporting periods beginning on or after October 1, 1978. The

Health Care Financing Administration has given notice of the proposed schedule of limits on hospital inpatient general routine service costs that may be reimbursed under Medicare for cost-reporting periods beginning on or after October 1, 1978. This revised schedule would replace the current schedule published in the Federal Register on October 3, 1977 (42 FR 53675). It would apply (a) to the entire cost-reporting period of a hospital whose cost-reporting period begins on or after October 1, 1978, and (b) to the total inpatient general routine service costs. It would not apply to the cost of special care units or ancillary services. These limits would be revised to conform with any cost-containment legislation enacted after the effective date of the schedule.

June 20, 1978, Vol. 43, No. 119, pp. 25534-25537
Grants for demonstrating the training of professionals and paraprofessionals to provide home-health services. Regulations are proposed for legislation regarding home-health training (section 602(b) of Public Law 94-63). This program is designed to improve the training of home-health personnel to assure that a high quality of health care is provided in the home setting. The proposed regulation authorizes the Secretary to establish a preference for applicants who propose to train a particular category of home-health personnel, as determined by the Secretary. In fiscal year 1978 the Secretary proposes to award grants under the legislation only to applicants who propose to train home-health aides. This particular category of health personnel was chosen because home-health aides provide a significant proportion of patient care but have the least formal training of any personnel engaged in the delivery of home-health services.

June 23, 1978, Vol. 43, No. 122, pp. 27215-27216
Membership on boards of directors of insurance carriers participating in Medicare programs. The Health Care Financing Administration is proposing that the majority of the membership of the board of directors of any carrier participating in the Medicare programs be public representatives. The proposal is intended to eliminate potential conflicts of interest that exist when physicians, hospital administrators, and other persons with a financial interest in the delivery of health care services control the board of directors of any organization that administers the payment of Medicare or Medicaid funds to health care providers and also makes determinations as to the need for and appropriateness of medical services.

June 23, 1978, Vol. 43, No. 122, pp. 27245-27246
Qualified health maintenance organizations, name, address, service area, and date of qualification. Notice was given that during the month of April 1978 a number of entities had been determined to be qualified as health maintenance organizations (HMOs). In addition, a revised listing of some service areas was announced for some previously qualified HMOs.

Files containing detailed information regarding qualified HMOs are available for public inspection between the hours of 8:30 am and 5 pm, Monday through Friday, in the Office of Health Maintenance Organizations, Park Building, 12420 Parklawn Drive, 3d floor, Rockville, Md. 20857.

June 23, 1978, Vol. 43, No. 122, p. 27210
Grants to State and local government agencies to assist in disease control programs. Under proposed regulations, grants will be awarded to State and local government programs such as childhood immunization, urban rat control, and venereal disease control; (certain non-profit entities would be eligible for urban rat control programs). The proposed rulemaking is to implement changes made by several relatively recently enacted laws.

June 13, 1978, Vol. 43, No. 114, p. 25428
Veterans Administration regulations on training courses for medical and dental technicians. A final VA regulation requires that the clinical portion of a medical or dental technician course may be approved as institutional training if substantial technical or professional training is included. The change is intended to bar such status for courses primarily directed to clerical, administrative, secretarial, or receptionist duties. Also, the rule pertaining to programs for full-time physicians' or dentists' assistants and expanded-function dental auxiliaries is restricted to those offered by the Veterans Administration in keeping with the new terminology. The existing provisions erroneously implied that the regulations applied to such programs when offered by organizations other than the Veterans Administration. Courses for physicians' and dentists' assistants offered by other organizations may still be approved if they meet the other more general requirements for approval contained in other rules and regulations.

For information, contact June C. Schaeffer, Assistant Director for Policy and Program Administration, Education and Rehabilitation Service, Department of Veterans' Benefits, Veterans Administration, Washington, D.C. 20402; Tel. (202) 389-2092.

June 15, 1978, Vol. 43, No. 116, p. 25873
Extension of grace period for recently reclassified hospitals under the Medicare program. A schedule of Medicare limits is promulgated each year for hospitals. This year an additional year of grace was given to all hospitals that received the grace period for reclassified hospitals for cost-reporting periods beginning on or after July 1, 1977, but before July 1, 1978.

Some hospitals were reclassified into a lower group because of a relative decline in the per capita income of the hospital's area or a change in the area's SMSA/SCSA designation. The purpose of this grace period is to lessen the effect of unusual short-term fluctuations in area per capita income and the impact of such fluctuations on the reimbursement of individual providers. Many comments had been received suggesting that a 1-year grace period does not allow a hospital adequate time to adapt its operations to the limits of the lower group. Recognizing that accommodation to a lower cost level could require adjustment of staff schedules and purchasing practices, which would be hard to accomplish quickly, HEW decided to extend the grace period.

June 28, 1978, Vol. 43, No. 125, p. 27995
changes for license conditions for certain medical therapy licenses. The U.S. Nuclear Regulatory Commission (NRC) is considering requiring certain NRC licensees who are authorized to treat patients with implants incorporating radioactive material to confirm the removal of the implants at the end of treatment. The Commission would require a source count and a radiation survey of the patient. Failure to account for all implants at the conclusion of the patient treatment in some instances has resulted in unnecessary radiation exposure of patients and members of the general public.

June 30, 1978, Vol. 43, No. 119, pp. 26443-26446
Grants for graduate programs in health administration. The Department of HEW has published interim-final regulations to implement the Secretary's authority to make grants to public or nonprofit private educational entities (excluding schools of public health) to support the health administration, hospital administration, and health planning graduate educational programs of such entities.

For further information, contact Dr. Merrill B. DeLong, Education Development Branch, Division of Associated Health Professions, Bureau of Health Manpower, Center Bldg., Rm. 5-27, 3700 East-West Highway, Hyattsville, Md. 20782.

education notes

Institutes in Perinatology. Institutes in Perinatology, sponsored by the New York State Department of Health and the Department of Health, Education, and Welfare, are being conducted at the New York Hospital-Cornell Medical Center. These institutes are designed to meet the needs of nurses with responsibilities for the management of hospital high-risk obstetrical units, neonatal intensive care units, and newborn and premature nurseries. The programs are also intended for nurses who are responsible for teaching in schools of nursing, for nursing directors, and for consultants in State and local programs for care of mothers and infants.

Following are the dates of the programs:

1. Institutes for Nurses from Community Hospitals—February 26–March 16, 1979 (first session was held September 11–29, 1978).
2. Institutes for Individuals Teaching or Supervising Perinatal Nursing Care—January 8–26, 1979.
3. Institutes for Nurses from Neonatal Intensive Care Units—October 30–November 17, 1978; April 30–May 18, 1979.

Persons eligible to attend the institutes are registered professional nurses (a) who give direct care and support to high-risk mothers, newborn-premature infants, and other high-risk infants, (b) who are participating in programs for the care of such patients, or (c) who are involved in the education and supervision of nurses.

A stipend is provided to help cover the nurse's expenses during attendance at the institute. For further information and applications, write Institutes in Perinatology, Department of Pediatrics,

New York Hospital, 525 E. 68th St., New York, N.Y. 10021.

Health Education Workshop on Physical Fitness. The University of California Office of Continuing Education in the Health Sciences, La Jolla, Calif., is offering a 30-hour two-unit workshop in health education entitled "Advanced Problems in Fitness Education," to be held October 18–December 6, 1978, in San Diego. The workshop, which will meet nine times, is open to all interested persons, but is designed for health professionals with health education responsibilities. It will focus on planning community and personal exercise programs. The fee for this workshop is \$65. Applications and information may be obtained from Ms. Debbie Saum, Office of Continuing Education in the Health Sciences, University of California School of Medicine, University of California at San Diego (S-005), La Jolla, Calif. 92093.

Conference in San Francisco on Diabetic Management: Common Self-Care Problems. A 2-day conference will be held in San Francisco, November 9–10, 1978, for registered nurses and other health professionals involved in assisting diabetic patients with self-care activities and maintaining or modifying lifestyles. Sponsored by Continuing Education in Nursing, University of California, San Francisco, the program is partially supported by a grant from the Northern California Affiliate of the American Diabetes Association.

For information, write Carolyn Whetzel, Program Assistant N631X, Continuing Education in Nursing, University of California, San Francisco 94143.